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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/020,374 12/14/2001 PAT 6,663,559

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE: [Signature] INITIALS: [Initials]			
Verified and Acknowledged				

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## TITLE

Interface for a variable direction-of-view endoscope

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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